Fill in this information to identify your o		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OKLAHOMA		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if

a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the

spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		· · · · · · · · · · · · · · · · · ·
	Write the name that is on your government-issued picture	William First Name Martin Middle Name	First Name Middle Name
	identification (for example, your driver's license or	Saffell	
	passport).	Last Name	Last Name
	Bring your picture	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>8</u> <u>6</u> <u>2</u> <u>0</u>	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx	9xx - xx

	William Martin Saffell		Case number (if known)				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification Numbers	☑ I have not used any business names of the second se	or EIN≰. I have not used any business names or EINs.				
	(EIN) you have used in the last 8 years	Business name	Business name				
	Include trade names and	Business name	Business name				
	doing business as	Business name	Business name				
		EIN _	EIN				
		EIN	EIN				
5.	Where you live		If Debtor 2 lives at a different address:				
		1224 South Aspen Court Number Street	Number Street				
		Number Street	Number Sueet				
		Broken Arrow OK 74012					
		City State ZIP Code	City State ZIP Code				
		Tulsa County	County				
		the one above, fill it in here to that the court will send any notices to you at this mailing address.	from yours, fill it in herblote that the court will send any notices to you at this mailing address.				
		Number Street	Number Street				
		P.O. Box	P.O. Box				
		City State ZIP Code	City State ZIP Code				
6.	Why you are choosing	Check one:	Check one:				
	this district to file for bankruptcy	Over the last 180 days before filing	Over the last 180 days before filing				
		this petition, I have lived in this district	this petition, I have lived in this district				
		I have another reason. Explain.	I have another reason. Explain.				
		(See 28 U.S.C. § 1408.)	(See 28 U.S.C. § 1408.)				
P	art 2: Tell the Court A	bout Your Bankruptcy Case					
7.	The chapter of the Bankruptcy Code you		see Notice Required by 11 U.S.C. § 342(b) for Individuals File top of page 1 and check the appropriate box.				
	are choosing to file under	Chapter 7					
		☐ Chapter 11					
		☐ Chapter 12					
		_					
		☐ Chapter 13					

William Martin Saffell				Case number (if known)				
8.	How you will pay the fee	V	court for m	nore details about how you m	n I file my petitRiease check hay pay. Typically, if you are paying the ey order. If your attorney is submittin	•		
			I need to pay the fee in installments, ou choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).					
			By law, a ju	udge may, but is not required less	∕ ¢d ou may request this option d to, waive your fee, and may do so o lat applies to your family size and you			
9.	Have you filed for		No					
	bankruptcy within the last 8 years?		Yes.					
		Dis	rict		When	Case number		
		Dis	rict			Case number		
		Dis	rict		When MM/DD/YY	Case number		
10.	Are any bankruptcy	$\overline{\mathbf{V}}$	No					
	cases pending or being filed by a spouse who is		Yes.					
	not filing this case with you, or by a business	Deb	otor		Rela	tionship to you		
	partner, or by an	Dis	rict		When	Case number,if known		
	affiliate?				MM / DD / YY	YY if known		
		Deb	otor		Rela	tionship to you		
		Dis	rict		When MM/DD/YY	Case number, if known		
11.	Do you rent your residence?			o to line 12. s your landlord obtained an	eviction judgment against you?			
				_	nent About an Eviction Judgment Aga	inst You		

	William Martin Saffell				Case	number (if known <u>)</u>		
Pá	rrt 3: Report About Ar	ny B	usine	sses You Own as a	Sole Proprietor			
12.	Are you a sole proprietor of any full- or part-time business?	V		Go to Part 4. Name and location of	business			_
	A sole proprietorship is a business you operate as			Name of business, if any				
	an individual, and is not a separate legal entity such as			Number Street				
	a corporation, partnership, or LLC.			City		State	ZIP Code	
	If you have more than one			☐ Single Asset Rea☐ Stockbroker (as o	ness (as defined in I Estate (as defined defined in 11 U.S.C er (as defined in 11	11 U.S.C. § 101(2 in 11 U.S.C. § 10 . § 101(53A))	* *	
13.	3. Are you filing under Chapter 11 of the Bankruptcy Code and are you asmall business		n <i>set a</i> st rec	ppropriate deadline s t yo	ou indicate that you ment of operations	are a small busine , cash-flow stateme	re a small business debtoess debtor, you must attacent, and federal income to the company of the	ch your
	debtor?		No.	I am not filing under C	hapter 11.			
	For a definition of small business debtor, see		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NC	T a small business	s debtor according to the	definition in
	11 U.S.C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a s	mall business debt	tor according to the defini	tion in the
Pá	Report If You Ov	wn o	r Hav	e Any Hazardous P	roperty or Any P	roperty That Ne	eeds Immediate Atten	tion
14.	Do you own or have any property that poses or is alleged to pose a threat of		No Yes.	What is the hazard?				
	imminent and identifiable hazard to public health or safety? Or do you own any property that needs			If immediate attention	is needed, why is it	needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs			Where is the property	? Jumber Street			
				ī	Sity		State ZIP Code	

William Martin Saffell Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before vou file for bankruptcy. You must truthfully check one of the following choices. If you cannot do you are not eligible to file.

If you file anyway, the court can dismiss your case. you will lose

About Debtor 1: You must check one:	About Debtor 2 (Spouse Only in a Joint Case): You must check one:
I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a	☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and
☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.	☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.	Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
If the court is satisfied with your reasons, you must	If the court is satisfied with your reasons, you must

☐ I am not required to receive a briefing about

still receive a briefing within 30 days after you

You must file a certificate from the approved

agency,

credit counseling because of:

☐ Incapacity. I have a mental illness or a

deficiency that makes me incapable of realizing or

My physical disability causes □ Disability.

to be unable to participate in a briefing in person, by phone, or through the internet, even after

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the

creat counseling a	ecause or:
☐ Incapacity.	I have a mental illness or a
_	mental

still receive a briefing within 30 days after you

You must file a certificate from the approved

☐ I am not required to receive a briefing about

agency,

deficiency that makes me incapable of realizing or

My physical disability causes

 □ Disability. to be unable to participate in a

briefing in person, by phone, or through the internet, even after

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the

	William Martin Saffell					Case number (if	kno	wn <u>)</u>
P	art 6: Answer These C	Questi	ons for F	Reporting Pu	rpo	ses		
16.	What kind of debts do you have?	16a.	as "incur No.	-	idua	consumer debts@nsumer de I primarily for a personal, far		re defined in 11 U.S.C. § 101(8) or household purpose."
		 16b. Are your debts primarily business debts@siness debtsare debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 						
		16c.	State the	e type of debts	you	owe that are not consumer of	or bu	usiness debts.
17.	Are you filing under Chapter 7?		No. Iam	not filing unde	r Ch	apter 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☑ `		_	-			any exempt property is excluded and ilable to distribute to unsecured creditors?
18.	How many creditors do you estimate that you owe?		1-49 50-99 100-199 200-999			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?					\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?					\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

	William Martin Saffell		Case number (if known)				
Part 7:	Sign Below						
For you		I have examined this petition, and I declare under p	penalty of perjury that the information				
		provided is true					
		and correct.					
		If I have chosen to file under Chapter 7, I am aware	e that I may proceed, if eligible, under				
		Chapter 7, 11, 12,					
		or 13 of title 11, United States Code. I understand	the relief available under each chapter, and				
		I choose to					
		proceed under Chapter 7.					
		If no attorney represents me and I did not pay or ag	gree to pay someone who is not an attorney				
		to help me					
		fill out this document, I have obtained and read the	notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of tit	le 11, United States Code, specified in this				
		X /s/ William Martin Saffell	X				
		William Martin Saffell, Debtor 1	Signature of Debtor 2				
		Executed or 03/15/2019	Executed on				
		MM / DD / YYYY	MM / DD / YYYY				

William Martin Saffell	Case number (if known)						
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have						
f you are not represented by	explained the						
an attorney, you do not need	relief available under each chapter for which the pers	son is eligible. I also certify that	I have				
to file this page.	delivered to						
	X /s/ Charles J. Kania	Date	03/15/2019				
	Signature of Attorney for Debtor		MM / DD / YYYY				
	Charles J. Kania						
	Printed name						
	Charles J. Kania & Associates, P.C.						
	Firm Name						
	5319 South Lewis						
	Number Street						
	Suite 120						
	Tulsa, OK 74105						
	City	State	ZIP Code				
	Contact phone (918) 743-2239	Email addres charle	s@kanialaw.com				
	20512						
	Bar number	State	_				

Fill in this i	information to	identify your case	e and this filing:				
Debtor 1	William First Name	Martin Middle Name	Saffell Last Name	_			
Dobtor 2	i iist ivaille	Middle Name	Lastivallie				
Debtor 2 (Spouse, if fil	ing)First Name	Middle Name	Last Name	-			
United States	s Bankruptcy Cou	rt for t NORTHERN D	DISTRICT OF OKLAHOMA	<u>_</u>			
Case number	r				□ Check	t if this is an	
(if known)						ded filing	
Official For	m 106A/B						
	A/B: Propert	у				12/15	
the asset in the ca filing together, bo sheet to this form	ategory where you the oth are equally responding to the top of any	nink it fits best. Be as co nsible for supplying cor additional pages, write y	sset only once. If an asset fits in implete and accurate as possible rect information. If more space in our name and case number (if kinds)	e. If two married is needed, attach nown). Answer e	people are a separate every	vo an Interset In	
✓ No.☐ Yes.2. Add the d	Go to Part 2. Where is the plotter	property?	iterest in any residence, b for all of your entries fron 1. Write that number her	n Part 1, inclu	iding any	pperty?	
	Describe Your		erest in any vehicles, whe	ether they are	register en cturd	BOT y vehicles	
you own that s	omeone else driv	es. If you lease a ve	hicle, also repo £ d hed ule G	: Executory Co	ontracts and Un	expired Leases.	
3. Cars, van	s, trucks, tracto	rs, sport utility vehi	cles, motorcycles				
□ No ☑ Yes							
3.1.	Kia	Who has Check o	s an interest in the prope	rty? Do not o	deduct secure	d claims or exemptions d clai ନ୍ଧs h ed ule D:	s. Put th
Make: Model:	Rio		tor 1 only			ims Secured by Property.	
Year:	2017	Deb	tor 2 only	Current entire pr	value of the	Current value of the	
Approximate	milea ₫€;200		tor 1 and Debtor 2 only east one of the debtors a	•	\$10,000.00	portion you own? \$10,000.00	
Other informa	•	— ☐ Chec	ck if this is community pr		Ψ10,000.00	<u> </u>	
		r homes, ATVs and	other recreational vehicle rcraft, fishing vessels, snow				
			for all of your entries fron 2. Write that number her			\$10,000.00	

	,	William Martin Saffell	Case number (if known)				
P	art 3:	Describe Your Personal and Household Items					
Do	you owr	n or have any legal or equitable interest in any of the followi		Current value of the portion you own? Do not deduct secured claims or exemptions.			
6.	Exampl ☐ No	nold goods and furnishings es:Major appliances, furniture, linens, china, kitchenware					
	✓ Yes	s. Describe Household goods and furnishings		\$1,500.00			
7.	Electro Exampl	nics es:Televisions and radios; audio, video, stereo, and digital equip music collections; electronic devices including cell phones, ca		ers;			
	☑ No ☐ Yes	s. Describe					
8.		ibles of value es:Antiques and figurines; paintings, prints, or other artwork; boo stamp, coin, or baseball card collections; other collections, me					
	☑ No ☐ Yes	s. Describe					
9.		nent for sports and hobbies es:Sports, photographic, exercise, and other hobby equipment; b canoes and kayaks; carpentry tools; musical instruments	picycles, pool tables, golf clubs, sk	is;			
	☑ No □ Yes	s. Describe					
10.	Firearm Example	ns es:Pistols, rifles, shotguns, ammunition, and related equipment					
	☑ No ☐ Yes	s. Describe					
11.	Clothes Example	s es:Everyday clothes, furs, leather coats, designer wear, shoes, a	ıccessories				
	□ No ☑ Yes	s. Describe		\$500.00			
12.	Jewelry Exampl	 / es:Everyday jewelry, costume jewelry, engagement rings, weddir gold, silver 	ng rings, heirloom jewelry, watche	s, gems,			
	☑ No ☐ Yes	s. Describe					
13.		rm animals es:Dogs, cats, birds, horses					
	☑ No ☐ Yes	s. Describe					
14.	did not	ner personal and household items you did not already list, in list	ncluding any health aids you				
		s. Give specific rmation					
15.		e dollar value of all of your entries from Part 3, including any	/ entries for pages you have	\$2,000.00			

	William	Martin Saffel	I			Case number (if known)	
P	art 4: Desc	cribe You	ır Finan	cial Assets			
Do	you own or ha	ive any leg	gal or equ	uitable interest in	n any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples:Mor peti		ve in youi	wallet, in your ho	ome, in a safe depos	sit box, and on hand when you file	your
	□ No ☑ Yes					Cash:	\$125.00
17.	brol	ecking, sav	ises, and			f deposit; shares in credit unions, multiple accounts with the same	
	□ No ☑ Yes			Institution name	e:		
	17.1. CI	hecking a	ccount:	Tulsa Teachers Cred	dit Union Checking acco	ount 161447	\$521.36
18.				y traded stocks accounts with bro	okerage firms, mone	ey market accounts	
	☑ No ☐ Yes		Institution	on or issuer nan	ne:		
19.				nterests in incor ip, and joint ven		corporated businesses, including	ng
	✓ No ☐ Yes. Given information them	on about		of entity:		% of ownership	n.
20.	Government a Negotiable ins	and corpo trumentacl	rate bon lude perso	ds and other negonal checks, cash	iers' checks, promis	negotiable instruments sory notes, and money orders. signing or delivering them.	
	✓ No ☐ Yes. Given information them	on about		name:			
21.	•		A, ERISA		103(b), thrift savings	s accounts, or other pension or	
	✓ No ☐ Yes. List account s		Type of a	account: Institu	ution name:		
22.	Security deports Your share of Examples: Agree companies, or	all unused eements w	deposits	you have made so	o that you may conti public utilities (elect	inue service or use from a compa tric, gas, water), telecommunication	ny ons
23.	✓ No	contract for				ual: either for life or for a number of ye	ears)

Case 19-10485-R Document 1 Filed in USBC ND/OK on 03/15/19 Page 12 of 77 03/15/2019 12:39:25pm

	William Martin Saffell	Case number (if known)	
24.	Interests in an education IRA, in an account in a qualified A 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☑ No	BLE program, or under a qualified state tuition program	1.
	Yes Institution name and description.	Separately file the records of any interests. 11 U.S.C	. § 521(c
25.	Trusts, equitable or future interests in property (other than powers exercisable for your benefit	·	•
	☑ No		
	☐ Yes. Give specific information about them		
26.	Patents, copyrights, trademarks, trade secrets, and other in Examples:Internet domain names, websites, proceeds from roys		
	✓ No☐ Yes. Give specific information about them		
27.	Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative asset	ociation holdings, liquor licenses, professional licenses	
	✓ No☐ Yes. Give specific information about them		
Мо	ney or property owed to you?	Current value of portion you own Do not deduct see claims or exempti	ı? cured
28.	Tax refunds owed to you		
	☑ No		
	Yes. Give specific information	Federal:	
	about them, including whether you already filed the returns	State:	
	and the tax years	Local:	
29.	Family support Examples:Past due or lump sum alimony, spousal support, child	support, maintenance, divorce settlement, property settlement	ent
	☑ No		
	Yes. Give specific information	Alimony:	
		Maintenance:	
		Support:	
		Divorce settlement:	
		Property settlement:	
30.	Other amounts someone owes you Examples:Unpaid wages, disability insurance payments, disabilic compensation, Social Security benefits; unpaid loans		
	☑ No☐ Yes. Give specific information		
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings according to the control of t	count (HSA); credit, homeowner's, or renter's insurance	
	☑ No		
	Yes. Name the insurance company of each poli		
	and list its value Company name:	Reneficiary: Surrender or refund valu	

	William Martin Saffell	Case number (if known)	
32.	Any interest in property that is due you from some If you are the beneficiary of a living trust, expect proce entitled to receive property because someone has died	eds from a life insurance policy, or are currently	
	☑ No☐ Yes. Give specific information	_	
33.	Claims against third parties, whether or not you ha Examples: Accidents, employment disputes, insurance		
	✓ No☐ Yes. Describe each clair	_	
34.	Other contingent and unliquidated claims of every rights to set off claims	nature, including counterclaims of the debtor and	d
	✓ No☐ Yes. Describe each clair	_	
35.	Any financial assets you did not already list		
	✓ No✓ Yes. Give specific inform	_	
36.	Add the dollar value of all of your entries from Parattached for Part 4. Write that number here		\$646.36
D	art 5: Describe Any Business-Related Propert	y You Own or Have an Interest In List any r	nal ostato in Part 1
	Describe Ally Business-Related 1 Topert	y rou own or riave an interest iii. List any re	car estate iii i art i
37.	Do you own or have any legal or equitable interest	in any business-related property?	
	☑ No. Go to Part 6.		
	☐ Yes. Go to line 38.		
		po	urrent value of the ortion you own? o not deduct secured
20	Accounts receivable or commissions you already.		aims or exemptions.
JO.	Accounts receivable or commissions you already	earned	
	☑ No ☐ Yes. Descrit	_	
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software, mode desks, chairs, electronic devices	ems, printers, copiers, fax machines, rugs, telephones	5,
	☑ No ☐ Yes. Descrit	_	
40.	Machinery, fixtures, equipment, supplies you use i	in business, and tools of your trade	
	☑ No □ Yes. Descrit	_	
41.	Inventory		
	☑ No □ Yes. Descrit	_	
42.	Interests in partnerships or joint ventures		
	✓ No ✓ Yes Describe Name of entity:	% of ownership:	
	TITES DESCRIPE MAINE OF ENTITY.	% Of Ownership.	

Case 19-10485-R Document 1 Filed in USBC ND/OK on 03/15/19 Page 14 of 77 03/15/2019 12:39:25pm

	William Martin Saffell	Case number (if known)	
43.	Customer lists, mailing lists, or other compilations		
	✓ No Yes. Do your lists include personally identifiable inform No Yes. Describe	atisorefined in 11 U.S.C. § 101(41A))?	
44.	Any business-related property you did not already list		
	✓ No☐ Yes. Give specific information.		
45.	Add the dollar value of all of your entries from Part 5, include attached for Part 5. Write that number here	ling any entries for pages you have	\$0.00
Pa	If you own or have an interest in farmland, list it in Pa		ın Interest In.
46.	Do you own or have any legal or equitable interest in any fa	rm- or commercial fishing-related pro	perty?
	✓ No. Go to Part 7.☐ Yes. Go to line 47.		
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals Examples:Livestock, poultry, farm-raised fish ☑ No ☐ Yes		
48.	Cropseither growing or harvested		
	✓ No ☐ Yes. Give specific information		
49.	Farm and fishing equipment, implements, machinery, fixture	es, and tools of trade	
	☑ No ☐ Yes		
50.	Farm and fishing supplies, chemicals, and feed		
	☑ No ☐ Yes		
51.	Any farm- and commercial fishing-related property you did	not already list	
	✓ No ☐ Yes. Give specific information		
52.	Add the dollar value of all of your entries from Part 6, include attached for Part 6. Write that number here		\$0.00
Pa	nrt 7: Describe All Property You Own or Have an Inter-	est in That You Did Not List Above	
53.	Do you have other property of any kind you did not already Examples: Season tickets, country club membership	list?	
	✓ No ☐ Yes. Give specific information.		

William Martin Saffell	Case n	umber (if known <u>)</u>		
54. Add the dollar value of all of your entries from Part 7. W	Vrite that number here	+		\$0.00
55. Part 1: Total real estate, line 2		→		\$0.00
56. Part 2: Total vehicles, line 5	\$10,000.00			
57. Part 3: Total personal and household items, line 15	\$2,000.00			
58. Part 4: Total financial assets, line 36	\$646.36			
59. Part 5: Total business-related property, line 45	\$0.00			
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00			
61. Part 7: Total other property not listed, line 54	<u>\$0.00</u>			
62. Total personal property Add lines 56 through 61	\$12,646.36	Copy personal property total	+	\$12,646.36
63. Total of all property on Schedule A/BAdd line 55 + line 62				\$12,646.36

Fill in thi	s information to	identify your	case:					
Debtor 1	William	Martin	Saffell					
Debtor 2	First Name	Middle Name	Last Name					
	f filing) ^{First Name} tes Bankruptcy Cou	Middle Name			лном л			
Case num		ICIOI (<u>MEDICITIL</u>	KIY DISTRICT O	I OKL	AHOMA		Check if this is an amended filing	
(if known)								
	orm 106C		-! -	4			0.440	
Schedul	e C: The Prop	erty You Ci	aim as Exen	ipt			04/16	
Using the page is no	oroperty you listed	h gq uile A/B: Pro attach to this	p <i>pert</i> tOfficial For page as mant / a	m 106	SA/B) as y	our sou	ner, both are equally responsible for supplying arce, list the property that you claim as exer ecessary. On the top of any additional page	npt. If r
	of property you claim a	s exempt, you mus	t specify the amoun	t of the	exemption ye	ou claim.	One way of doing	
exempted up t	pecific dollar amount as to the amount of any ap n benefits, and tax-exem 100% of fair market valu	olicable statutory l pt retirement fund	imit. Some exemptionsmay be unlimited	onssuc in dollar	ch as those f r amount. He	or health a	aids, rights to you claim an	
Part 1:	Identify the Pro	perty You Cla	aim as Exempt	İ .			_	
1. Which	set of exemptions	are you claimi	ng? Check one o	nly, eve	en if your s	pouse is	s filing with you.	
	ou are claiming sta ou are claiming fec					1 U.S.0	C. § 522(b)(3)	
2. For any	y property you list	Sochedule A/Bih	at you claim as	exemp	ot, fill in th	e inforr	nation below.	
	iption of the prope I/Bhat lists this pro	-	Current value of the portion you own		ount of the mption you o	claim	Specific laws that allow exemption	
			Copy the value to Schedule A/B	from ^{Che} for	ck only one b	ox		
Brief descrip			\$1,500.00	🗹	\$1,50	00.00	_	
_	ods and furnishings				100% of fa market	nir		
Line fromSc.	hedule A/B <u>: 6 </u>				value, up t	o any		
Brief descrip			\$500.00		\$50	0.00		
_	ne adult and two childre	n.			100% of fa market	nir		
Line ironsc	hedule A/B <u>: 11 </u>				value, up t	o any		
(Subjec ☑ No		/01/19 and ever	ry 3 years after th	at for c	ases filed		ter the date of adjustment.) efore you filed this case?	

Case 19-10485-R Document 1 Filed in USBC ND/OK on 03/15/19 Page 17 of 77 03/15/2019 12:39:25pm

William Martin Saffell		Case num	ber (if known)
Part 2: Additional Page			
Brief description of the property and line on Schedule A/Bhat lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value f	romCheck only one box	
	Schedule A/B	for	
Brief description: Cash on hand Line fromSchedule A/B: 16	\$125.00	☐ 100% of fair market	Okla. Stat. tit. 12 § 1171.1
		value, up to any	
Brief description:	\$521.36	П	Okla. Stat. tit. 12 § 1171.1
Tulsa Teachers Credit Union Checking			=
account 161447		market	
Line fromSchedule A/B: 17.1		value, up to any	

Fill in this in	nformation to i	dentify your case	e:			
Debtor 1	William	Martin	Saffell			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if fili	ng) ^{First Name}	Middle Name	Last Name			
United States	Bankruptcy Cour	t for t NORTHERN D	STRICT OF OKL	AHOMA		
Case number (if known)					☐ Check if this	is an
(II KIIOWII)					amended filir	ng
Official Forr				_		
Schedule [D: Creditors	Who Have Cla	ims Secured I	by Property		12/15
Be as complete an supplying	nd accurate as possil	ble. If two married peop	ole are filing together, b	oth are equally responsib	le for	
	n. If more space is n	needed, copy the Addition	onal Page, fill it out, nur	mber the entries, and attac	ch it to this	
1. Do any cre	editors have clai	ms secured by you	ur property?			
☐ No. (Check this box a	and submit this for	m to the court wit	h your other sched	ıles. You have noth	ning else to report on th
✓ Yes.	Fill in all of the	information below	•			
Part 1: L	ist All Secured	Claims				
2. List all sec	cured claims t a c	creditor has more that	an one secured			
claim, list the	e creditor separately	for each claim. If mo	re	Column A Amount of clain	Column B Value of collateral	Column C Unsecured
	a particular claim, li	st the other creditors in	١	Do not deduct t	hethat supports this	portion
		Doscribo tl	ha proporty that	value of collate	ralclaim	If any
2.1		secures th	he property that e claim:	\$13,813.00	\$10,000.00	\$3,813.00
American Cred Creditor's name	dit Accept	2017 Kia Rio (miles) VIN KN	(approx. 16,200			
961 E Main St Number Street		———	ADMAAATT			
		As of the d	ate you file, the cl	aim@neck all that app	ıly.	
0	00 0000	Conting	ent			
Spartanburg ^{City}	State ZIP Code	Dispute				
	debt®heck one.		i en. Check all that a	pply.		
✓ Debtor 1 on ✓ Debtor 2 on			- · · · · · · · · · · · · · · · · · · ·	uch as mortgage or se	ecured car loan)	
☐ Debtor 1 an	nd Debtor 2 only	—	ry lien (such as tax l ent lien from a lawsu	ien, mechanic's lien)		
At least one	e of the debtors a	nd another (i	ncluding a right to o			
	is claim relates	Automob	ile			
	incurred10/2018	Last 4 digi	ts of account num	ber 3 9 0 2		
Current Account						
Add the delter		O-lima A	NATura.			
Add the dollar value that number here:	=	Column A on this page.	vvrite	\$13,813.00	-	
If this is the last pa	age of your form, add	d the dollar value totals	from			
all pages. Write th				\$13,813.00	. [

Official Form 106D

Fill in th	is information to i	dentify your ca	ise:			
Debtor 1	William First Name	Martin Middle Name	Saffell Last Name	-		
Debtor 2						
	f filing) ^{First Name}	Middle Name	Last Name	-		
United Sta	ates Bankruptcy Cour	t for t NORTHERN	I DISTRICT OF OKLAHOMA	-		
Case num (if known)	ber] 1	Check if this amended fili	
Official F	orm 106E/F					
Schedul	e E/F: Creditor	s Who Have	Unsecured Claims			12/15
on Schedul Do not incl If more spa to this pag	le A/B: Propert@fficude any creditors was needed, copy	ial Form 106A/B) vith partially sec the Part you ned y additional pag	ontracts or unexpired lease and Suchedule G: Executory ured claims that are listential ed, fill it out, number the entes, write your name and cas	/ Contracts and Ui vie D: Creditors W ries in the boxes o	nexpired L ¢9sti ho Hold Claims on the left. Atta	sial Form 106G). Secured by Property.
Part 1:			claims against you?			
-	o. Go to Part 2.	only unsecured (Jamis agamst you:			
claim. F	For each claim listed, ide claim here and	entify what type of cl	creditor has more than one price aim it is. If a claim has both priorit th as possible, list the claims in alp	y and nonpriority amou	unts,	or separately for each
(For an	explanation of each	type of claim, see	the instructions for this form i	Total claim	Priority amount	Nonpriority amount
2.1						
Priority Creditor's	Name		Last 4 digits of account nun	nbe <u>r</u>	_	
Number S	treet		When was the debt incurred	l?	_	
City	State	ZIP Code	As of the date you file, the of Contingent Unliquidated Disputed	laim Ostreck all that	apply.	
Debtor 2 Debtor 2 Debtor 3 Debtor 4 At least Check i	•	nd another	Type of PRIORITY unsecure Domestic support obligatic Taxes and certain other de Claims for death or persor intoxicated Other. Specify	ons ebts you owe the go		

William Martin Saffell	Case number (if known)	
Part 2: List All of Your NONPRIORIT	, , ,	
3. Do any creditors have nonpriority unsec	ured claims against you?	
	his part. Submit this form to the court with your other schedules.	
If a creditor has more than one nonpriority unsecu claim listed, identify what	tims in the alphabetical order of the creditor who holds each claim. red claim, list the creditor separately for each claim. For each led in Part 1. If more than one creditor holds a particular claim,	
	1	Total claim
4.1		(\$1.00)
ACS Education/Bank of America	Last 4 digits of account number6 2 0 1	
Nonpriority Creditor's Name 4909 Savarese Circle	When was the debt incurred?06/2008	
Number Street	As of the date you file, the claim@neck all that apply.	
FL1-908-01-50	Contingent Unliquidated	
	Disputed	
Tampa FL 33634 City State ZIP Code	· · · · · · · · · · · · · · · · · · ·	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community del	ot Educational	
Is the claim subject to offset?		
No Yes		
Transferred		
42		£440.00
4.2	Lost 4 divite of account number 2 4 0	\$443.00
Afni, Inc. Nonpriority Creditor's Name	Last 4 digits of account number3 2 1 0	
Attn: Bankruptcy	When was the debt incurred?05/2017	
Number Street PO Box 3427	As of the date you file, the claim@neck all that apply.	
10 200 0-21	Contingent Unliquidated	
	Disputed	
Bloomington IL 61702 City State ZIP Code	Toward MONDRIORITY was a several alaborate	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community del	Of Collection Attorney	
Is the claim subject to offset?		
No Yes		
Original Creditor Name: COX COMMUNICATIONS		

villiani Martin Sanen	Case number (if known)	
Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number previous page.	them sequentially from the	Total claim
4.3		\$10,103.00
Auto Advantage Finance	Last 4 digits of account number4 6 7 A	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?10/04/2013	
Number Street	As of the date you file, the claim@neck all that apply.	
PO Box 96329	Contingent Unliquidated	
	Disputed	
Oklahoma City OK 73143 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check if this claim is for a community deb		
Is the claim subject to offset?		
No Yes		
Repossession		
4.4		***
Banner Fin	Last 4 digits of account number3 4 1 B	\$608.00
Nonpriority Creditor's Name	When was the debt incurred?11/13/2017	
536 South Elm Place Number Street	As of the date you file, the claim@teck all that apply.	
	Contingent	
	Unliquidated	
Broken Arrow OK 74012	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community deb	Other. Specify Unsecured	
Is the claim subject to offset?		
V No		
Yes		
Charge Off for \$608 Account Closed By Grantor		

William Martin Saffell	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number previous page.	r them sequentially from the	Total claim
4.5		\$493.00
Credit Management, LP	Last 4 digits of account number3 3 4 1	<u> </u>
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?05/2018	
Number Street	As of the date you file, the claim@neck all that apply.	
PO Box 118288	Contingent	
	Unliquidated Disputed	
Carrollton TX 75011 City State ZIP Code	. Ш [*] -	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community del	Other. Specify Collection Attorney	
Is the claim subject to offset?	•	
№ No		
Yes		
Original Creditor Name: WINDSTREAM COMMUNICATION	15	
4.6		Unknown
Eldorado Motors	_ Last 4 digits of account numbe <u>r3 _ 1 _ 0 _ 2</u>	
Nonpriority Creditor's Name 707 Nw 5th St	When was the debt incurred?08/23/2011	
Number Street	As of the date you file, the claim@steck all that apply.	
	Contingent Unliquidated	
	Disputed	
Oklahoma City OK 73102 City State ZIP Code	Time of MONDBIODITY unconsumed alsimo	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check if this claim is for a community del	bt Automobile	
Is the claim subject to offset?		
™ No		
Yes Current Account		
Ourient Account		

William Martin Saffell	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number previous page.	r them sequentially from the	Total claim
4.7		\$465.00
Jefferson Capital Systems, LLC	Last 4 digits of account number8 0 0 3	· ·
Nonpriority Creditor's Name PO Box 1999	When was the debt incurred?02/2016	
Number Street	As of the date you file, the claim@neck all that apply.	
	Contingent	
	Unliquidated	
Saint Cloud MN 56302	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other Specify	
Check if this claim is for a community del	ot Factoring Company Account	
Is the claim subject to offset?		
Yes		
Original Creditor Name: VERIZON WIRELESS		
Collection		
4.8		\$322.60
Legacy Loans	Last 4 digits of account number 7 9 2	Ψ322.0U
Nonpriority Creditor's Name	When was the debt incurred?	
9126 E 46th St Number Street	As of the date you file, the claim@neck all that apply.	
Trumbol Stroot	Contingent	
	Unliquidated	
Tulsa OK 74145	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	—	
Check if this claim is for a community del	Unsecured	
is the claim subject to onset?		
No Vac		
Yes		

William Martin Saffell	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number previous page.	r them sequentially from the	Total claim
4.9		\$319.00
M.A.R.S., Inc.	Last 4 digits of account number5 3 0 0	
Nonpriority Creditor's Name	When was the debt incurred?05/2014	
Attn: Bankruptcy Number Street	As of the date you file, the claim@neck all that apply.	
10830 E 45th St, Ste 400	Contingent	
	Unliquidated	
Tulsa OK 74146	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community del	bt Collection Attorney	
Is the claim subject to offset?		
No Yes		
Original Creditor Name: ASPEN VILLAGE		
4.10		\$101.00
MRS BPO Nonpriority Creditor's Name	Last 4 digits of account number5 3 4 6	
Attn: Bankruptcy	When was the debt incurred?11/06/2018	
Number Street	As of the date you file, the claim@neck all that apply.	
1930 Olney Ave	Contingent Unliquidated	
	Disputed	
Cherry Hill NJ 08003 City State ZIP Code	- └	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a sonaration agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community del	ot Collection Attorney	
Is the claim subject to offset?		
Yes		
Original Creditor Name: OKLAHOMA NATURAL GAS		

William Martin Sailen	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number previous page.	er them sequentially from the	Total claim
4.11		\$6,586.00
Nelson Automotive Fi	Last 4 digits of account number 7 9 8	
Nonpriority Creditor's Name 9902 South Memorial	When was the debt incurred?07/2015	
Number Street	As of the date you file, the claim@neck all that apply.	
	Contingent Unliquidated	
Tulsa OK 74133	Disputed	
City State ZIP Code	— Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community do	ebt — Automobile	
No		
Yes		
Voluntary Surrender		
4.12		\$1,128.00
OKDHS Nonpriority Creditor's Name	_ Last 4 digits of account number4 0 0 1	
Attn: Bankruptcy	When was the debt incurred?08/26/2013	
Number Street PO Box 248822	As of the date you file, the claim@teck all that apply. Contingent	
	Unliquidated	
Oklahoma City OK 73124	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community de	Other. Specify	
Is the claim subject to offset?	Soc Ciliia aupport	
No No		
Yes		
Current Account		

William Martin Saffell	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number previous page.	r them sequentially from the	Total claim
4.13		\$652.00
Red River Cr	Last 4 digits of account number 1 5 4 1	
Nonpriority Creditor's Name Po Box 130	When was the debt incurred?11/11/2017	
Number Street	As of the date you file, the claim@neck all that apply.	
	Contingent	
,	Unliquidated Disputed	
Timpson TX 75975 City State ZIP Code	_ Ш	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community de	Other. Specify Note Loan	
Is the claim subject to offset?		
No		
Yes		
Charge Off for \$652		
4.14		\$540.00
Security Finance	_ Last 4 digits of account numbe <u>r0 7 2 1</u>	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?02/19/2018	
Number Street	As of the date you file, the claim@neck all that apply.	
PO Box 1893	Contingent Unliquidated	
	Disputed	
Spartanburg SC 29304 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community de	Other. Specify Unsecured	
Is the claim subject to offset?		
No		
Yes		
Charge Off for \$540		

william warun Sanen	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number previous page.	r them sequentially from the	Total claim
4.15		\$41.00
Tulsa Adjustment Bureau, Inc.	Last 4 digits of account number 5 3 4	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?09/2015	
Number Street 2448 E 81st St., Ste 4700	As of the date you file, the claim@sneck all that apply.	
2440 2 0131 01., 010 4700	Contingent Unliquidated	
Tulsa OK 74137	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community del	Other. Specify Collection Attorney	
Is the claim subject to offset?		
☑ No		
Yes Original Creditor Name: TULSA RADIOLOGY		
4.16		# 422.00
Tulsa Adjustment Bureau, Inc.	Last 4 digits of account number3 1 2 6	\$432.00
Nonpriority Creditor's Name	When was the debt incurred?01/2016	
Attn: Bankruptcy Number Street	As of the date you file, the claim@reck all that apply.	
2448 E 81st St., Ste 4700	Contingent	
	Unliquidated Disputed	
Tulsa OK 74137 City State ZIP Code	-	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Tild Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other Specify	
Check if this claim is for a community del	bt Collection Attorney	
Is the claim subject to offset?		
Yes		
Original Creditor Name: REGIONAL MEDICA		

William Martin Saffell	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number previous page.	them sequentially from the	Total claim
4.17		\$327.00
Tulsa Adjustment Bureau, Inc.	Last 4 digits of account number2 8 7 8	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?02/2016	
Number Street	As of the date you file, the claim@neck all that apply.	
2448 E 81st St., Ste 4700	Contingent	
	Unliquidated Disputed	
Tulsa OK 74137 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check if this claim is for a community dek		
Is the claim subject to offset?		
No Yes		
Original Creditor Name: REGIONAL MEDICA		
4.40		
4.18		\$50.00
Tulsa Adjustment Bureau, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 9 9 5 7	
Attn: Bankruptcy Number Street	When was the debt incurred?01/2014	
Number Street 2448 E 81st St., Ste 4700	As of the date you file, the claim@neck all that apply. Contingent	
	Unliquidated	
Tulsa OK 74137	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other Specific	
Check if this claim is for a community deb	t Collection Attorney	
Is the claim subject to offset?		
Yes		
Original Creditor Name: TULSA RADIOLOGY		

William Martin Saffell	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number previous page.	them sequentially from the	Total claim
4.19		\$25.00
Tulsa Adjustment Bureau, Inc.	Last 4 digits of account number0 1 6 9	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?08/2014	
Number Street	As of the date you file, the claim@reck all that apply.	
2448 E 81st St., Ste 4700	Contingent	
	Unliquidated Disputed	
Tulsa OK 74137 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community deb	Other. Specify Collection Attorney	
Is the claim subject to offset?		
✓ No		
Yes Original Creditor Name: RADIOLOGY CONSU		
Original Greator Name. NADIOLOGI GONGO		
4.20		\$31.00
Tulsa Adjustment Bureau, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 9 6 0	
Attn: Bankruptcy	When was the debt incurred?06/2015	
Number Street 2448 E 81st St., Ste 4700	As of the date you file, the claim@freck all that apply.	
	Contingent Unliquidated	
Tulsa OK 74137	Disputed	
Tulsa OK 74137 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check if this claim is for a community deb	Collection Attorney	
Is the claim subject to offset?		
No Yes		
Original Creditor Name: TULSA RADIOLOGY		

William Martin Saffell	Case number (if known)	
Part 2: Your NONPRIORITY Unsecui	red Claims Continuation Page	
After listing any entries on this page, numbe previous page.	r them sequentially from the	Total claim
4.21		\$19,672.00
U.S. Department of Education	Last 4 digits of account number5 9 7 7	
Nonpriority Creditor's Name ECMC/Bankruptcy	When was the debt incurred?11/2012	
Number Street	As of the date you file, the claim@neck all that apply.	
PO Box 16408	Contingent	
	Unliquidated Disputed	
Saint Paul MN 55116		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community de	Other. Specify Educational	
Is the claim subject to offset?		
₩ No		
Yes		
Collection		
4.22		\$14,105.00
U.S. Department of Education	Last 4 digits of account number8 3 6 6	
Nonpriority Creditor's Name ECMC/Bankruptcy	When was the debt incurred?11/2012	
Number Street	As of the date you file, the claim@neck all that apply.	
PO Box 16408	Contingent	
	Unliquidated Disputed	
Saint Paul MN 55116 City State ZIP Code	_ └ ─ ' -	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community de	Other. Specify Educational	
Is the claim subject to offset?		
No No		
Yes		
Collection		

William Martin Saffell	Case number (if known)	
Part 2: Your NONPRIORITY Unsect	ured Claims Continuation Page	
After listing any entries on this page, numb previous page.	er them sequentially from the	Total claim
Works And Lentz Nonpriority Creditor's Name Attn: Bankruptcy Number Street 1437 S Boulder, Suite 900	Last 4 digits of account number3 8 5 9 When was the debt incurred?10/2016 As of the date you file, the claim@steck all that apply. Contingent Unliquidated	
Tulsa OK 74119 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community of list the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Debt	

William Martin Saffell	Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount he	re.6d. +	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar	6h.	\$0.00
		debts		
	6i.	Other. Add all other nonpriority unsecured claims. Write that amoun	th 6 re.∔	\$56,512.60

Fill in this inf	formation to	identify your case	e :		
Debtor 1	William First Name	Martin Middle Name	Saffell Last Name		
Debtor 2		2.3 (4.110			
(Spouse, if filing)First Name	Middle Name	Last Name	_	
United States B	ankruptcy Cou	irt for t NORTHERN D	DISTRICT OF OKLAHO	<u>na</u>	
Case number (if known)					Check i

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying

correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form Yes. Fill in all of the information below even if the contracts or leases here! (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease is for (for example, rent, vehicle lease, cell phone). the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for

Case 19-10485-R Document 1 Filed in USBC ND/OK on 03/15/19 Page 34 of 77 03/15/2019 12:39:29pm

F	ill in this inf	ormation to ider	tify your case:					
D	ebtor 1	William First Name	Martin Middle Name	Saffell Last Name				
D ₍ S	ebtor 2 Spouse, if filing		Middle Name	Last Name				
United States Bankruptcy Court for tNORTHERN DISTRICT OF OKLAHOMA								
	ase number f known)				Check if this is an amended filing			
Of	ficial Form	106H						
Sc	hedule H:	Your Codebt	ors		12/15			
	Do you have any codebtors (If you are filing a joint case, do not list either spouse as a codebtor.) No Yes Within the last 8 years, have you lived in a community property state or ter@tomynunity property states and territories							
	include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin. No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No No Yes							
3.	person show creditor onS	vn in line 2 again a chedule D Official	as a codebtor only	if that person is a guar le E/f{Official Form 106	a codebtor if your spouse is filing with you. List th antor or cosigner. Make sure you have listed the E/F), 6c hedule Q (Official Form 106G). Use			
	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt			
					Check all schedules that apply:			

Official Form 106H Schedule H: Your Codebtors page 1

l	ill in this inforn	nation to ide	ntify your case:						
	Debtor 1	William	Martin	Saffell					
		First Name	Middle Name	Last Name		Ch	eck if this is:		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		— _□	An amended filing		
	· · · · · · · · · · · · · · · · · · ·	kruptov Court f	or th eloRTHERN D	DISTRICT OF O	KI AHOMA		A supplement showing postpetition		
	Case number	Kiupicy Court i	or tri <u>eroreria</u>				chapter 13 income as of the following date:		
	(if known)				_		MM / DD / YYYY		
0	fficial Form 10	<u>61</u>							
So	chedule I: Yo	ur Income					12/15		
res inc info	ponsible for supplying lude information abou ormation	g correct informat t your spouse. If	If two married people a ion. If you are married you are separated and ed, attach a separate sh	and not filing joint your spouse is not	ly, and your filing with y	spouse is livi ou, do not in	ing with you, clude		
ŀ	Part 1: Descri	be Employm	ent						
1.	Fill in your emp	loyment							
	If you have more than			Debtor 1			Debtor 2 or non-filing spouse		
	one job, attach a separate		ployment status	✓ Employed☐ Not employed			☐ Employed☐ Not employed		
	page with information about additional employers. Include part-time, seasonal, or self-employed work	00	cupation	Warehouse Supervisor					
			oupulion	Forward Air, Inc					
		Em	ployer's name						
		-	ployer's address				Number Street		
				Tulsa City	OK State	74116 Zip Code	City State Zip Code		
		Ua	w long employed	•			,		
		по	w long employed	there? 5 years	<u>'</u>	_			
ŀ	Part 2: Give D	etails About	Monthly Income	9					
no If yo	n-filing spouse unle	ess you are sep					line, write \$0 in the space. Include your		
					For	Debtor 1	For Debtor 2 or non-filing spouse		
2.			lary, and commiss monthly, calculate v		2. / wage	\$3,824.99			
3.	Estimate and lis	st monthly ove	ertime pay.		3. +	\$0.00			
4.	Calculate gross	incomeAdd lin	e 2 + line 3.		4	\$3,824.99			

Official Form 106l Schedule I: Your Income page 1

William Martin Saffell		Case number (if known)								
		F	or Debtor 1	For Debtor 2 or non-filing spouse	•					
	Copy line 4 here	4.	\$3,824.99							
5.	List all payroll deductions:									
	5a. Tax, Medicare, and Social Security deductions	5a.	\$326.91							
	5b. Mandatory contributions for retirement plans	5b.	\$38.26							
	5c. Voluntary contributions for retirement plans	5c.	\$0.00							
	5d. Required repayments of retirement fund loans	5d.	\$0.00 \$207.44							
	5e. Insurance 5f. Domestic support obligations	5e. 5f.	\$0.00							
	5g. Union dues	5g.	\$0.00							
	5h. Other deductions.	og.								
	Specify: See continuation sheet	_ 5h. +	\$1,204.85							
6.	Add the payroll deductions Add lines $5a + 5b + 5c + 5d + 5e + 5g + 5h$.	5f +6.	\$1,777.46							
7.	Calculate total monthly take-home paySubtract line 6 from line		\$2,047.53							
8.	List all other income regularly received:	•								
	8a. Net income from rental property and from operating a	8a.	\$0.00							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business									
		Oh	£0.00							
	8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or	8b. 8c.	\$0.00 \$0.00	-						
	a	oc.								
	Include alimony, spousal support, child support, maintenance,									
	8d. Unemployment compensation	8d.	\$0.00							
	8e. Social Security	8e.	\$0.00							
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance									
	Specify:	8f.	\$0.00							
	8g. Pension or retirement income	8g.	\$0.00							
	8h. Other monthly income.									
	Specify:	8h. +	\$0.00							
9.	Add all other incomeAdd lines 8a + 8b + 8c + 8d + 8e + 8f + 8g	+ 80.	\$0.00							
10.	Calculate monthly income Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing s	10.	\$2,047.53	+ =====================================	\$2,047.53					
11.	State all other regular contributions to the expenses that you	•	Schedule J.							
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.									
	Specify:			11. +	\$0.00					
12.	2. Add the amount in the last column of line 10 to the amount in little 14 sult is the combined monthly 12. income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.									
	ii it applico.			monthly income						
13.	Do you expect an increase or decrease within the year after y	ou file t	his form?							
	No. None.									
	Yes. Explain									

Official Form 106l Schedule I: Your Income page 2

Case 19-10485-R Document 1 Filed in USBC ND/OK on 03/15/19 Page 37 of 77 03/15/2019 12:39:30pm

	William Martin Saffell	Case num	ber (if known)
Eb (Other Payrell Peductions (details)		For Debtor 2 or non-filing spouse
	Other Payroll Deductions (details) CSP	\$399.97	
Ī	Fee	\$8.67	
	Garnishment	\$774.54	
<u> </u>	ESPP	\$21.67	
		Totals: \$1,204.85	

Official Form 106l Schedule I: Your Income page 3

Fil	ll in this inforn	nation to ide	entify your case:			Check if thi	is is:	
D	ebtor 1	William	Martin	Saffel			ended filing	
		First Name	Middle Name	Last Nam	e	A supp	plement showing	
	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Nam	e		er 13 expenses ng date:	as UI lile
,		kruptcy Court	for the ORTHERN DI	ISTRICT OF	OKLAHOMA	NANA / E	DD / YYYY	_
С	Case number f known)					IVIIVI / L	ווווו/טכ/	
	icial Form 10	 16J						
Scł	hedule J: Yo	 our Expens	ses					12/15
supp	lying	·	. If two married people ar				rite	
Pa	rt 1: Descri	ibe Your Ho	usehold					
1.	Is this a joint ca	ase?						
2.	☐ No	Debtor 2 live in s. Debtor 2 m	in a separate housel ust file Official Form [△]		enses for Separate	e Household o	f Debtor 2.	
	Do not list Debtor 1 a	-	Yes. Fill out this	information	Dabtant an Dab	ationship to		Does dependent live with you?
	Debtor 2.		for each depende	ent		101 2	<u>age</u> 14	□ No
	Do not state the				Son		14	Yes
	dependents' names.				Son		10	□ No ☑ Yes
								□ No
								☐ Yes ☐ No
								Yes
								☐ No ☐ Yes
•.	Do your expenses i expenses of people yourself and your d	other than	☑ No □ Yes					_ 163
Pa	art 2: Estima	ate Your On	going Monthly Ex	penses				
case		as of a date after	uptcy filing date unless yo the bankruptcy is filed. I ate.	_		-		
	•		government assistance if Schedule I: Your Income (-			Your expens	ses
			ip expenses for you ts and any rent for the			4	4	\$860.00
	If not included	in line 4:						
	4a. Real estate	taxes				4	4a	
	4b. Property, ho	omeowner's, oi	r renter's insurance			4	4b	
	4c. Home maint	tenance, repai	r, and upkeep expens	es		4	4c	
	4d. Homeowner	's association	or condominium dues	3		4	4d.	

	villialli Martili Salleli	Case number (if known)			
		Your expenses			
5.	Additional mortgage payments for your residence, as home equity loans	5			
6.	Utilities:				
	6a. Electricity, heat, natural gas	6a	\$50.00		
	6b. Water, sewer, garbage collection	6b	\$50.00		
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$90.00		
	6d. Other. Specify: Cable Internet	6d.	\$110.00		
7.	Food and housekeeping supplies	7.	\$200.00		
8.	Childcare and children's education costs	8			
9.	Clothing, laundry, and dry cleaning	9.			
10.	Personal care products and services	10.			
11.	Medical and dental expenses	11	\$80.00		
12.	Transportation Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$150.00		
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.			
14.	Charitable contributions and religious donations	14			
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.				
	15a. Life insurance	15a			
	15b. Health insurance	15b			
	15c. Vehicle insurance	15c			
	15d. Other insurance. Specify:	15d			
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16			
17.	Installment or lease payments:				
	17a. Car payments for Vehicle 1Car Payment	17a	\$380.00		
	17b. Car payments for Vehicle 2	17b			
	17c. Other. Specify:	17c			
	17d. Other. Specify:	17d			
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18			
19.	Other payments you make to support others who do not live with you. Specify:	19.			

	William Martin Saffell	Case number (if known)	
	er real property expenses not included in lines 4 or 5 of this form or on edule I: Your Income.		
20a.	Mortgages on other property	20a	
20b.	Real estate taxes	20b	
20c.	Property, homeowner's, or renter's insurance	20c	
20d.	Maintenance, repair, and upkeep expenses	20d	
20e.	Homeowner's association or condominium dues	20e	
21. Othe	r. Specify:	21. +	
22. Calc	ulate your monthly expenses.		
22a.	Add lines 4 through 21.	22a	\$1,970.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106	3J-2. 22b	
22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$1,970.00
23. Calc	ulate your monthly net income.		
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$2,047.53
23b.	Copy your monthly expenses from line 22c above.	23b. –	\$1,970.00
23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$77.53
24. Do y	ou expect an increase or decrease in your expenses within the year afto	er you file this form?	
For ex mortga	ample, do you expect to finish paying for your car loan within the year or do you expect your age		
	Yes. Explain here:		

F	ill in thi	s information to	identify your case	e:		
D	ebtor 1	William First Name	Martin Middle Name	Saffell Last Name		
D (S	ebtor 2	filing) ^{First Name}	Middle Name	Last Name		
			rt for t NARTHERN F	DISTRICT OF OKLAHO	МА	
			ICIOI (<u>NEXICITILICIA L</u>	NOTICE OF ORLAND	INIA	
	ase numl f known)					if this is an ded filing
Of	ficial F	orm 106Sum				
Sı	ımmar	y of Your Asse	ets and Liabilit	ies and Certain S	Statistical Information	12/15
	-	e and accurate as possi	ble. If two married peop	ele are filing together, both a	re equally responsible for	
	plying rect inform	ation. Fill out all of you	r schedules first; then c	omplete the information on t	this form. If you are filing amended	
P	art 1:	Summarize You	ır Assets			
						Your assets Value of what you own
1.	Schedu	le A/B: Proper t @ffic	ial Form 106A/B)			value of mat you own
	1a. Co	py line 55, Total real	estate, from Sched	ule A/B		\$0.00
	1b. Co	py line 62, Total per	sonal property, from	Schedule A/B		\$12,646.36
	1c. Co	py line 63, Total of a	III property on Sched	ule A/B		\$12,646.36
P	art 2:	Summarize You	ır Liabilities			
						Your liabilities Amount you owe
2.				ed by Pro perfi cial Form unt of claim, at the botto	106D) m of the last page of Part 1 of Sc	hı \$13,813.00
3.				C /ଶ୍<i>ଭୀ</i>ର cial Form 106E/F nsecured claims) from lin) ne 6e of Schedule E/F	\$0.00
	3b. Co	py the total claims fr	om Part 2 (nonpriori	y unsecured claims) fro	m line 6j of Schedule E/F	+ \$56,512.60
					Your total liabilities	\$70,325.60
P	art 3:	Summarize You	ır Income and Ex	penses		
4.	Schedu Copy yo	le I: Your Incom@fficur combined month	cial Form 106l) ly income from line 1	2 of Schedule I		\$2,047.53
5.		le J: Your Expenses	Official Form 106J)	shedule .l		\$1,970.00

	William Martin Saffell	Case number (if known)
P	Part 4: Answer These Questions for Administrative and	Statistical Records
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?	
	No. You have nothing to report on this part of the form. Check✓ Yes	this box and submit this form to the court with your other schedules.
7.	What kind of debt do you have?	
	Your debts are primarily consumer debts nsumer debts are the family, or household purpose." 11 U.S.C. § 101(8). Fill out line Your debts are not primarily consumer debts have nothing this form to the court with your other schedules.	s 8-9g for statistical purposes. 28 U.S.C. § 159.
8.	From the Statement of Your Current Monthly Incomes your total Official Form 122A-1 Line 10R, Form 122B Line 10R, Form 122C-1	' I ©2 257 66 I
9.	Copy the following special categories of claims from Part 4, list	e Geof ule E/F:
		Total claim

	i Otai Ciaiiii
From Part 4 or Schedule E/Fçopy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
 Obligations arising out of a separation agreement or divorce that you did not report priority claims. (Copy line 6g.) 	as \$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

Fill in this i	nformation to	identify your cas	e:	
Debtor 1	William	Martin	Saffell	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if fili	ng)First Name	Middle Name	Last Name	
		urt for t NORTHERN	DISTRICT OF OKLAHOMA	
Case number				
(if known)	-			Check if this is an amended filing
Official For	m 106Dec			g
		Individual Dab	tor's Schedules	42/45
Deciaration	ii About aii	iliulviuuai Deb	tor 5 Scriedules	12/15
f two married peo	ople are filing toget	ner, both are equally res	ponsible for supplying correct inform	nation.
concealing proper	rty, or obtaining mo	oney or property by frauc	les or amended schedules. Making a I in connection with a bankruptcy ca .C. §§ 152, 1341, 1519, and 3571.	
,,,,		, ,	33,,,	
S	ign Below			
	ngii Delow			
Did you p	ay or agree to p	oay someone who i	s NOT an attorney to help yo	u fill out bankruptcy forms?
√ No				
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice,
				Declaration, and Signatur(Official Form 119).
are	ty of perjury, I decia	are that I have read the s	ummary and schedules filed with this	s declaration and that they
X /s/ Willi	iam Martin Saff	ell	X	
William	Martin Saffell, D	ebtor 1	Signature of Debtor 2	
	3/15/2019		Date	
N	M / DD / YYYY		MM / DD / YYYY	

Check if this is an amended filing
amended filling
04/16
3-110
98,
Dates Debtor 2 lived there
☐ Same as Debtor
From
То
ZIP Code
Dates Debtor 2
lived there ☐ Same as Debtor
☐ Game as Debion
From
To
ZIP Code
n

Fill in the	Explain the Sources of	f Your Income				
Fill in the						
	Du have any income from en e total amount of income you received re filing a joint case and you have inco		including part-time activities		previous calenda	
□ No ☑ Ye	os. Fill in the details.					
		Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions	
From January 1 of the current year until		₩ages, commissions,	\$8,231.10	Wages, commissions,		
		☐ Operating a busines	SS	Operating a busines	s	
	st calendar year:	Wages, commissions,	\$36,759.00	Wages, commissions,		
(January 1	to December 312018)	☐ Operating a business		Operating a business		
	lendar year before that: to December 31 2017)	Wages, commissions,	\$46,416.00	Wages, commissions,		
`	YYYY	Operating a business		☐ Operating a business		
Include Security unemplo lawsuits	oyment; and other public benefit paymen; royalties; nbling and lottery winnings. If you are	ome is taxable. Examples of other	r income are alimony; child erest; dividends; money colle	support; Social		
☑ No □ Ye	o es. Fill in the details.					

Case 19-10485-R Document 1 Filed in USBC ND/OK on 03/15/19 Page 46 of 77 03/15/2019 12:39:32pm

	William Martin Saffell			Case number (if kr	nown <u>)</u>
Part 3:	List Certain Payments Yo	u Made Before `	You Filed for Ba	ankruptcy	
6. Are ei	ther Debtor 1's or Debtor 2's de	bts primarily con	sumer debts?	-	
□ No	o. Neither Debtor 1 nor Debtor "incurred by an individual prim				ed in 11 U.S.C. § 101(8) as
	During the 90 days before you	filed for bankrupto	cy, did you pay any	creditor a total of	f \$6,425* or more?
	No. Go to line 7.				
	Yes. List below each creditor to we payments and the total amount you paid that contains the con				
	* Subject to adjustment on 4/0	1/19 and every 3 y	ears after that for	cases filed on or a	after the date of adjustment.
☑ Ye	es. Debtor 1 or Debtor 2 or both	have primarily c	onsumer debts.		
	During the 90 days before you	filed for bankrupto	cy, did you pay any	creditor a total of	f \$600 or more?
	☐ No. Go to line 7.				
	Yes. List below each creditor to we paid that creditor. Do not include pay				
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
American American American	Acceptance		\$1,005.00		_ Mortgage
961 E Main St Number Street		Monthly payn	Monthly payments made in the last 90 days.		✓ Car☐ Credit card☐ Loan repayment☐ Suppliers or vendors
Spartanbu City	state ZIP Code				Other
7. Withir Insider corporat any man agent, in	n 1 year before you filed for ban rsinclude your relatives; any gene tions of which you are an officer, director, p naging ncluding one for a business you operate as	ral partners; relativerson in control, or own a sole proprietor. 11 U	res of any general er of 20% or more of th	partners; partners eir voting securities; ar	ved anyone who was an insider? hips of which you are a general partne

Case 19-10485-R Document 1 Filed in USBC ND/OK on 03/15/19 Page 47 of 77 03/15/2019 12:39:32pm

William Martin Saffell			Case number (if known)				
8.	Within 1 year before you fill benefited an insider?	ed for bankruptcy, did you make	e any payments or transfer a	any pr	operty on	account of a debt that	
	Include payments on debts go	uaranteed or cosigned by an inside	er.				
	✓ No☐ Yes. List all payments the	at benefited an insider.					
P	art 4: Identify Legal Ac	tions, Repossessions, and F	oreclosures				
9.		ed for bankruptcy, were you a p lal injury cases, small claims actions, divorce		tion, o	or adminis	strative proceeding?	
	☐ No ☑ Yes. Fill in the details.						
	se title orado Motors v. Saffell	Nature of the case Indebtiness / Garnishment	Court or agency Tulsa County, Oklahoma		;	Status of the case	
			Court Name			— ☑ Pending	
			500 S. Denver Ave Number Street			On appeal	
Ca	se number SC-2018-13932	_				Concluded	
			Tulsa	ОК	74103		
			City	State	ZIP Code		
Ca	se title	Nature of the case	Court or agency		:	Status of the case	
Rec	l River Credit v. Saffell	Indebtiness	Tulsa County, Oklahoma			— ☑ Pending	
			Court Name 500 S. Denver Ave			_	
			Number Street			Dn appeal	
Ca	se number <u>SC-2018-6504</u>	_				Concluded	
			Tulsa	OK	74103		
			City	State	ZIP Code		
	se title nner Finance of BA v. Saffell	Nature of the case	Court or agency Tulsa County, Oklahoma		;	Status of the case	
Dai	iller Fillance of BA V. Sallen	muebuness	Court Name			Pending	
			500 S. Denver Ave				
Ca	se number SC-2018-4887		Number Street			— Concluded	
	<u> </u>	_	Tuloo	ОК	74103	🗖	
			Tulsa _{City}	State	ZIP Code		
٥-	4:41-	Natura af the same	0			04-4	
	se title lacy Loans v. Saffell	Nature of the case Judgment	Court or agency Tulsa County, Oklahoma		;	Status of the case	
3	, ,	3	Court Name			— ☑ Pending	
			500 S. Denver Ave			On appeal	
Са	se number SC-2017-1792	_				Concluded	
		_	Tulsa	ок	74103		
			City	Ctata	ZID Code		

		William Martin Saffell	Case number (if known)
10.	seized	1 year before you filed for bankruptcy, was any of your propert, or levied? all that apply and fill in the details below.	ty repossessed, foreclosed, garnished, attached,
	_	Go to line 11. s. Fill in the information below.	
11.		0 days before you filed for bankruptcy, did any creditor, including a bank or final from your accounts or refuse to make a payment because you owed a debt?	ncial institution, set off any
	✓ No ☐ Yes	s. Fill in the details.	
12.	Within 1 of	year before you filed for bankruptcy, was any of your property in the possession	n of an assignee for the benefit
	✓ No ☐ Yes	S	
Pa	art 5:	List Certain Gifts and Contributions	
13.	Within	2 years before you filed for bankruptcy, did you give any gifts	with a total value of more than \$600 per person?
	✓ No ☐ Yes	s. Fill in the details for each gift.	
14.	Within 2 \$600	years before you filed for bankruptcy, did you give any gifts or contributions wit	th a total value of more than
	☑ No ☐ Yes	s. Fill in the details for each gift or contribution.	
Pá	art 6:	List Certain Losses	
15.	Within 1 fire,	year before you filed for bankruptcy or since you filed for bankruptcy, did you lo	ose anything because of theft,
	✓ No ☐ Yes	s. Fill in the details.	

Case number (if known)				
Transfore				
did you or anyone else acting on your behalf pay or transfer any property				
tion preparers, or credit counseling agencies for services required for yo	ur bankruptcy.			
Description and value of any property transferredDate payment	Amount of			
or transfer was				
03/07/2019	\$1,015.00			
	_			
_				
_				
_				
	Amount of payment			
maue	\$40.00			
_				
_				
_				
	Amount of payment			
_	\$15.00			
_				
_				
_				
	Transfers did you or anyone else acting on your behalf pay or transfer any property ion preparers, or credit counseling agencies for services required for you Description and value of any property transferredDate payment or transfer was made 03/07/2019 Description and value of any property transferredDate payment or transfer was made Description and value of any property transferredDate payment or transfer was made			

	v	Villiam Martin Saffell	Case number (if known)
17.	Within 1 ye	ear before you filed for bankruptcy, did you or anyone else acting on your behalf	pay or transfer any property
	Do not in	nclude any payment or transfer that you listed on line 16.	
	✓ No ☐ Yes.	Fill in the details.	
18.	Within 2 ye	ears before you filed for bankruptcy, did you sell, trade, or otherwise transfer any	property to anyone, other
	Include bot property).	th outright transfers and transfers made as security (such as granting of a security inter-	est or mortgage on your
	✓ No ☐ Yes.	Fill in the details.	
19.	you are	O years before you filed for bankruptcy, did you transfer any pr a beneficiary? (These are often called asset-protection devices.)	operty to a self-settled trust or similar device of which
	✓ No ☐ Yes.	Fill in the details.	
Pa	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	sit Boxes, and Storage Units
20.		ear before you filed for bankruptcy, were any financial accounts or instruments hosed, sold, moved, or transferred?	neld in your name, or for your
	Include che brokerage	ecking, savings, money market, or other financial accounts; certificates of deposit; share	es in banks, credit unions,
	✓ No ☐ Yes.	Fill in the details.	
21.		ow have, or did you have within 1 year before you filed for bankruptcy, any safe d ties, cash, or other valuables?	eposit box or other depository
	✓ No ☐ Yes.	Fill in the details.	
22.		u stored property in a storage unit or place other than your hor	ne within 1 year before you filed for bankruptcy?
	✓ No ☐ Yes.	Fill in the details.	
Pa	art 9:	Identify Property You Hold or Control for Someone Else	
23.		old or control any property that someone else owns? Include any property you b trust for someone.	orrowed from, are storing for,
	✓ No ☐ Yes.	Fill in the details.	

	William Martin Saffell Case number (if known)								
Р	art 10: Give Details About Environmental Information								
Fo	r the purpose of Part 10, the following definitions apply:								
	Environmental lawneans any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
	Hazardous materiatheans anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.								
Re	port all notices, releases, and proceedings that you know about, regardless of when they occurred.								
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental								
	✓ No ☐ Yes. Fill in the details.								
25.	Have you notified any governmental unit of any release of hazardous material? ☑ No ☐ Yes. Fill in the details.								
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and								
	✓ No ☐ Yes. Fill in the details.								
Р	art 11: Give Details About Your Business or Connections to Any Business								
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?								
	 □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation 								
	✓ No. None of the above applies. Go to Part 12.✓ Yes. Check all that apply above and fill in the details below for each business.								
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include								
	☐ No☐ Yes. Fill in the details below.								

William Martin Saffell	Case number (if known)
Part 12: Sign Below	
that answers are true and correct. I understand that	Financial Affairs any attachments, and I declare under penalty of perjury making a false statement, concealing property, or obtaining money or ase can result in fines up to \$250,000, or imprisonment for up to 20
X /s/ William Martin Saffell William Martin Saffell, Debtor 1 Date03/15/2019	X Signature of Debtor 2 Date
Did you attach additional pages/tour State	ment of Financial Affairs for Individuals Filing for Bank@fj்ஷ் Form 107)?
✓ No ☐ Yes	
Did you pay or agree to pay someone who	o is not an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signatur ∉ Official Form 119).

Fill in this	information to i	dentify your case):			
Debtor 1	William First Name	Martin Middle Name	Saffe Last Na			
Debtor 2 (Spouse, if fi		Middle Name	Last Na			
		t for t NORTHERN D	ISTRICT	OF OKLAHOMA		
Case numbe (if known)	er					Check if this is an amended filing
Official Fo	rm 108					
Statemen	t of Intention	for Individuals	Filing	Under Chapt	er 7	12/15
If you are an	individual filing ι	ınder chapter 7, yo	u must fil	l out this form if:		
■ creditors I	have claims secu	ed by your propert	y, or			
■ you have l	leased personal p	roperty and the lea	se has no	ot expired.		
	chever is earlier, unles		-		the date set for the meet and copies to the creditors	=
	eople are filing togethe	er in a joint case, both ar orm.	e equally re	sponsible for supplyin	g correct information.	
=		ole. If more space is nee case number (if known)		a separate sheet to th	is form. On the top of any	,
Part 1:	List Your Credit	ors Who Hold Se	cured C	laims		
	creditors that you information belo		dule D: C	reditors Who Hole	d Claims Secured by	<i>Prd</i> ©∉fity ial Form 106D),
Identify t	he creditor and tl	ne property that is o	collateral	What do you inte		Did you claim the property as exempt on Schedule C?
Creditor's name:	American Cred	it Accept		☐ Surrender the ☐ Retain the pro	e property. operty and redeem it.	□ No □ Yes
Description property securing	On of 2017 Kia Rio (a VIN KNADM4A: debt:			Reaffirmation	operty and enter into a Agreement. operty and [explain]:	a e e e e e e e e e e e e e e e e e e e
Part 2:	List Your Unexp	oired Personal Pr	operty L	eases		
fill in the info	rmation below. I	Do not list real esta	te le <i>las</i> eso	pired lease s re lea	ses that are still in e	expired L eaf sial Form 106G ffect; the lease period has no ne it. 11 U.S.C. § 365(p)(2).
Describe	your unexpired p	personal property le	eases		,	Will this lease be assumed?
None						

Case 19-10485-R Document 1 Filed in USBC ND/OK on 03/15/19 Page 54 of 77 03/15/2019 12:39:33pm

	William Martin Saffell		Case number (if known)		
Part 3:	Sign Below				
	penalty of perjury, I declare th nal property that is subject to a	_	tion about any property of my estate that secures a debt an		
X /s/ Will	iam Martin Saffell	X			
William	Martin Saffell, Debtor 1	Signature of Debi	for 2		
Date 0	3/15/2019	Date			
Ī	MM / DD / YYYY	MM / DD / `	YYYY		

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA TULSA DIVISION

In	re William Martin Saffell (Case No.	
		Chapter	7
	DISCLOSURE OF COMPENSATION OF ATTORNI	EY FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above nar that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the is as follows:	paid to me, fo	or
	For legal services, I have agreed to accept	\$	1,015.00
	Prior to the filing of this statement I have received	\$	1,015.00
	Balance Due		\$0.00
2.	The source of the compensation paid to me was:		
	Debtor Other (specify)		
3.	The source of compensation to be paid to me is:		
	Debtor Other (specify)		
4.	I have not agreed to share the above-disclosed compensation with any other person unless they are associates of my law firm.	members and	t
	I have agreed to share the above-disclosed compensation with another person or persons who are no	ot members o	or
	associates of my law firm. A copy of the agreement, together with a list of the names of the people sh compensation, is attached.	aring in the	
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy	case, includ	ing:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to bankruptcy;	file a petition	in
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;		
	c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned he	arings therec	of;

Exemption planning; preparation and filing of reaffirmation agreements and applications as needed; meeting of creditors. In addition to portion of fee paid as stated herein, the court's filing fee and a credit report fee for each party has been paid by client(s). Also, debtor have been advised they have no legal obligation to pay any outstanding attorney fees owing at time of bankruptcy filing and that payments post-petition are strictly voluntary. Client may use the services of 722redemption.com to providing funding for redemptions of vehicles; debtor will borrow \$700 from 722redemption.com to pay attorney fees for attorney fees to obtain redemption.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/15/2019 /s/ Charles J. Kania

Date Charles J. Kania

Charles J. Kania & Associates, P.C.

Bar No. 20512

5319 South Lewis

Suite 120

Tulsa, OK 74105

Charles@kanialaw.com

/s/ William Martin Saffell

William Martin Saffell

Revised 02/2012

IN THE UNITED STATES BANKRUPTCY COURT

IN RE:		§
William Martin S	affell DEBTOR(S)	§ Case No. :§§ Chapter: 7§§
VERIFI		TICIAL CREDITOR LIST
	_	
С		Delete
		aster mailing list of creditors submitted either on n is a true, correct and complete listing to the best of my
shared responsibility of the debtor an	d the debtor's attorney,	npleteness in preparing the creditor listing are the (2) the court will rely on the creditor listing for all equired by the Bankruptcy Rules are not used for
		indicate <u>only</u> the number of creditors being added ttach a list of the creditors being submitted,
<u>21</u> # of Creditors (or i	f amended, # of credito	rs added)
	d to Electronic Case Fil List Submission applic	ing System; or eation (to be used by Pro Se filers, found on the Court's
website at www.oknb,uscou	rts.gov, or available in	the Clerk's Office)
# of Creditors (on att	ached list) to be deleted	
/S/ William Martir Debtor Signature William N		Joint Debtor Signature
/s/ Charles J. Kania Con Charles J. Kania, OBA	#20512	Date: <u>March 15, 2019</u>
5319 S. Lewis Ave., Su Tulsa, OK 74105 Telephone: (918) 743-2 Facsimile: (918) 743-22		[Check if applicable] Creditor(s) with foreign addresses included

ACS Education/Bank of America 4909 Savarese Circle FL1-908-01-50 Tampa, FL 33634

Afni, Inc. Attn: Bankruptcy PO Box 3427 Bloomington, IL 61702

American Credit Accept 961 E Main St Spartanburg, SC 29302

Auto Advantage Finance Attn: Bankruptcy PO Box 96329 Oklahoma City, OK 73143

Banner Fin 536 South Elm Place Broken Arrow, OK 74012

Credit Management, LP Attn: Bankruptcy PO Box 118288 Carrollton, TX 75011

Eldorado Motors 707 Nw 5th St Oklahoma City, OK 73102

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service PO Box 802501 Cincinnati, OH 45280 Jefferson Capital Systems, LLC PO Box 1999 Saint Cloud, MN 56302

Legacy Loans 9126 E 46th St Tulsa, Oklahoma 74145

M.A.R.S., Inc. Attn: Bankruptcy 10830 E 45th St, Ste 400 Tulsa, OK 74146

MRS BPO

Attn: Bankruptcy 1930 Olney Ave Cherry Hill, NJ 08003

Nelson Automotive Fi 9902 South Memorial Tulsa, OK 74133

OKDHS

Attn: Bankruptcy PO Box 248822 Oklahoma City, OK 73124

Oklahoma Tax Commission P.O. Box 26930 Oklahoma City, OK 73126

Red River Cr Po Box 130 Timpson, TX 75975

Security Finance Attn: Bankruptcy PO Box 1893 Spartanburg, SC 29304 Tulsa Adjustment Bureau, Inc. Attn: Bankruptcy 2448 E 81st St., Ste 4700 Tulsa, OK 74137

U.S. Department of Education ECMC/Bankruptcy PO Box 16408 Saint Paul, MN 55116

Works And Lentz Attn: Bankruptcy 1437 S Boulder, Suite 900 Tulsa, OK 74119

Fill in	n this inf	ormation to	identify your case	e:		e box only as directed in this
Debto	r 1	William First Name	Martin Middle Name	Saffell Last Name		in Form 122A-1Supp: o presumption of abuse.
)ebto	r O	i iist Name	Wildle Name	Last Name		lation to determine if a
	se, if filing	First Name	Middle Name	Last Name	presumpti	
Jnited	d States B	ankruptcy Cou	urt for t NORTHERN [DISTRICT OF OKLAHOMA		applies will be made under
ase ı	number				because	is Test does not apply now
if kno	wn)				of qualified	d military service but it could
					Check if	this is an amended filing
fficia	al Form	122A-1				
hap	ter 7 St	tatement c	of Your Current	Monthly Income		12/15
exem tary s	ion applies. pted from a service, com upp) with th	On the top of ar a presumption of aplete and file Statis is form.	ny additional pages, write abuse because you do n	this form. Include the line number your name and case number (if kn ot have primarily consumer debts m Presumption of Abuse Under § 7	nown). If you belie or because of qua	eve that you lifying
			filing stat@sneck one			
V	Not mai	rriedFill out Co	olumn A, lines 2-11.			
	l			āய்ம் both Columns A and B	s. lines 2-11.	
		-		vith you. You and your spo		
ш	l		_	re not legally separatedut bo		and B, lines 2-11.
	Livi	ing separately	y or are legally sepa		11; do not fill ou	t Column B. By checking this box, yo
bar Aug the t	nkruptcy Just 31. If the total by 6. F	case.11 U.S.C e amount of your r	C. § 101(10A). For exponentially income varied during		ptember 15, the	the 6 full months before you file the 6-month period would be March 1 the ide
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse
		wages, salary		ertime, and commissions	\$3,357.66	
Aliı	mony and Column B i		e payments not incl	lude payments from a spouse	\$0.00	

	William Martin Saffell			C	ase number (if	known <u>)</u>	_
					Column A Debtor 1	Column B Debtor 2 or non-filing spor	use
5.	Net income from operating a bu	siness, professi	on, or farm				
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00					
	Ordinary and necessary operating expenses	\$0.00		Сору			
	Net monthly income from a busines profession, or farm	_{SS,} \$0.00		here →	\$0.00		
6.	Net income from rental and other		Dahtar 2				
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00					
	Ordinary and necessary operatin g expenses			Сору			
	Net monthly income from rental or other real property	\$0.00		here →	\$0.00		
7.	Interest, dividends, and royalties	5			\$0.00		
8.	Unemployment compensation				\$0.00		
	Do not enter the amount if you con benefit under the Social Security A	tend that the amo	ount received w t here:	as a			
	For you		\$0.	00			
	For your spouse						
9.	Pension or retirement income or was a benefit under the Social Sec		mount received	that	\$0.00		
10.	Income from all other sources n amount. Do not include any benefits receive Security Act		cify the source a	and			
	or payments received as a victim of a war or humanity,	ime, a crime against					
	Total amounts from separate page	s, if any.		+		+	
11.	Calculate your total current mor Add lines 2 through 10 for each column.				\$3,357.66	+	= \$3,357.66
	Then add the total for Column A to the total	or column B.					Total current monthly income

	<u>v</u>	Villiam Martin Saffell		Case number (if known)	
P	art 2:	Determine Whether the Means	Test Applies to You		
12.	Calcula	te your current monthly income for	the yealow these steps:		
	12a. Co	ppy your total current monthly income f	rom line 11	Copy line 11 here > 12a.	\$3,357.66
	Mı	ultiply by 12 (the number of months in a	a year).		X 12
	12b. Th	he result is your annual income for this part of the form.		12b.	\$40,291.92
13.	Calcula	te the median family income that ap	plies to Fyodkow these steps:		
	Fill in the	e state in which you live.	Oklahoma		
	Fill in the	e number of people in your household.	3		
	Fill in the	e median family income for your state a	and size of household	13.	\$61,905.00
	To find a list	st of applicable median income amounts, go onlin te	e using the link specified in		
14.	How do	the lines compare?			
	14a. 🔽	Line 12b is less than or equal to line Go to Part 3.	13. On the top of page 1,	check Titte rd is no presumption of abus	e.
	14b.	Line 12b is more than line 13. On the Go to Part 3 and fill out Form 122A-	ne top of page 1, check b 70x 2.	Paresumption of abuse is determined	by Form 122A-2.
P	art 3:	Sign Below			
	By sigr	ning here, I declare under penalty of pe	erjury that the information or	n this statement and in any attachment	ts is true and correc
	Y /s/ \	William Martin Saffell	x		
		iam Martin Saffell, Debtor 1	Sign	ature of Debtor 2	
	Date	e_ 3/15/2019	Date	2	
		MM / DD / YYYY		MM / DD / YYYY	
	If you o	checked line 14a, do NOT fill out or file	Form 122A-2.		

Official Form 122A-1

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:		§		
		§	Case No.:	
	William Martin Saffell	§		
		§	Chapter: 7	
		§		
	DEBTOR(S)	§		

SUBMISSION OF CERTIFICATE OF CREDIT COUNSELING

COMES NOW the Debtor, William Martin Saffell, by and through attorney, Charles J, Kania of the **KANIA LAW OFFICE**, and respectfully submits to the Court the following:

1. William Martin Saffell's Certificate of Credit Counseling.

WHEREFORE, Debtor prays that the Court attach this certificate to the filed Bankruptcy case.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239 Facsimile: (918) 743-2244 charles@kanialaw.com Certificate Number: 15725-OKN-CC-032432867



CERTIFICATE OF COUNSELING

I CERTIFY that on March 12, 2019, at 7:54 o'clock PM EDT, William Saffell received from 001 Debtorce, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 12, 2019

By: /s/Eris Aparicio

Name: Eris Aparicio

Title: Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

FORM 1007-1F (10/07)

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:	§ Case No. :
William Martin Saffell	§ Case No § Chapter: 7
DEBTO	R(S) §
PAYMENT ADV (NOTE: A separate form must be fi	VICES CERTIFICATION iled by each debtor in a joint case)
other evidence of payment (such as paycheck	iv), a debtor shall file copies of <i>all</i> payment advices or stubs, direct deposit statements, employer's statement of employer <i>within 60 days</i> before the date the debtor filed as follows (<i>select one</i>):
	led with the Court, copies of all payment advices or other employer(s) within 60 days before the petition date.
Number of Payment Advices att Period Covered: 01-15-2019 03 (If period cover	3-15-2019 red is less than 60 days, attach an explanation.) not cover the entire 60-day period, describe any "other
have not yet located or obtained copies	inployer(s) during the 60 days before the petition date but of all of the payment advices. I understand that if I do not acc of payment within 45 days from the petition date, my
Number of Employers: Period Covered: Number of missing Payment Advi Dates of missing Payment Advi	Number of Payment Advices attached: dvices:
	or other evidence of payment from any employer at any tion date. (If you were employed, attach an explanation of dvices from your employer.)
I declare under penalty of perjury that my knowledge, information and belief.	the foregoing statement is true and correct to the best of
Date: March 15, 2019	/s/William Martin Saffell Print name:William Martin Saffell

* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105

Telephone: (918) 743-2239 Facsimile: (918) 743-2244 charles@kanialaw.com

Enc.

Page 1 of 1



Pay Date - 3/14/2019 Period End Date - 03/09/2019 WILLIAM SAFFELL; Employee ID 42899



P. O. Box 1058 Greeneville, TN 37744 (423) 636-7100 Corp. Office

Income	Hours	YTD Hours	Amt	YTD Amt	Deduction	Amt	YTD Amt
SAL	40.00	416.00	\$882.69	\$9179.98	SS	\$64.45	\$730.80
VAC	0.00	8.00	\$0.00	\$176.54	FEDERAL W/H	\$0.00	\$60.78
HOL	0.00	16.00	\$0.00	\$353.08	STATE	\$11.00	\$128.00
BONS	0.00	0.00	\$0.00	\$286.88	DENTAL	\$0.83	\$9.13
TOTALS	40.00	440.00	\$882.69	\$9996.48	DISAB	\$7.54	\$82.94
NET PAY			\$472.50	\$5012.72	401K	\$8.83	\$209.25
					CSP	\$92.30	\$1015.30
		£.			FEE	\$2.00	\$22.00
					GARN	\$178.74	\$1983.47
					WABLE	\$0.00	\$24.50
					FSA-MEDICAL	\$38.46	\$423.06
					ESPP	\$5.00	\$55.00
3					VISION '	\$1.04	\$11.44
					D/DN	\$472.50	\$5012.72

Page 1 of 1



Pay Date - 3/07/2019 Period End Date - 03/02/2019 WILLIAM SAFFELL; Employee ID 42899



P. O. Box 1058 Greeneville, TN 37744 (423) 636-7100 Corp. Office

Income	Hours	YTD Hours	Amt	YTD Amt	Deduction	Amt	YTD Amt	
SAL	40.00	376.00	\$882.69	\$8297.29	SS	\$64.44	\$666.35	
VAC	0.00	8.00	\$0.00	\$176.54	FEDERAL W/H	\$0.00	\$60.78	
HOL	0.00	16.00	\$0.00	\$353.08	STATE	\$11.00	\$117.00	
BONS	0.00	0.00	\$0.00	\$286.88	DENTAL	\$0.83	\$8.30	
TOTALS	40.00	400.00	\$882.69	\$9113.79	DISAB	\$7.54	\$75.40	
NET PAY			\$472.51	\$4540.22	401K	\$8.83	\$200.42	
					CSP	\$92.30	\$923.00	
		¥			FEE	\$2.00	\$20.00	
					GARN	\$178.74	\$1804.73	
					WABLE	\$0.00	\$24.50	
					FSA-MEDICAL	\$38.46	\$384.60	
					ESPP	\$5.00	\$50.00	
					VISION	\$1.04	\$10.40	
					D/DN	\$472.51	\$4540.22	

Page 1 of 1



Pay Date - 2/28/2019 Period End Date - 02/23/2019 WILLIAM SAFFELL; Employee ID 42899



P. O. Box 1058 Greeneville, TN 37744 (423) 636-7100 Corp. Office

Income	Hours	YTD Hours	Amt	YTD Amt	Deduction	Amt	YTD Amt
SAL	40.00	336.00	\$882.69	\$7414.60	SS	\$64.44	\$601.91
VAC	0.00	8.00	\$0.00	\$176.54	FEDERAL W/H	\$0.00	\$60.78
HOL	0.00	16.00	\$0.00	\$353.08	STATE	\$11.00	\$106.00
BONS	0.00	0.00	\$0.00	\$286.88	DENTAL	\$0.83	\$7.47
TOTALS	40.00	360.00	\$882.69	\$8231.10	DISAB	\$7.54	\$67.86
NET PAY			\$472.51	\$4067.71	401K	\$8.83	\$191.59
					CSP	\$92.30	\$830.70
				to to	FEE ·	\$2.00	\$18.00
					GARN	\$178.74	\$1625.99
					WABLE	\$0.00	\$24.50
					FSA-MEDICAL	\$38.46	\$346.14
					ESPP	\$5.00	\$45.00
					VISION	\$1.04	\$9.36
					D/DN	\$472.51	\$4067.71

Page 1 of 1



Pay Date - 2/21/2019 Period End Date - 02/16/2019 WILLIAM SAFFELL; Employee ID 42899



P. O. Box 1058 Greeneville, TN 37744 (423) 636-7100 Corp. Office

Income	Hours	YTD Hours	Amt	YTD Amt	Deduction	Amt	YTD Amt
SAL	40.00	296.00	\$882.69	\$6531.91	SS	\$64.44	\$537.47
VAC	0.00	8.00	\$0.00	\$176.54	FEDERAL W/H	\$0.00	\$60.78
HOL	0.00	16.00	\$0.00	\$353.08	STATE	\$11.00	\$95.00
BONS	0.00	0.00	\$0.00	\$286.88	DENTAL	\$0.83	\$6.64
TOTALS	40.00	320.00	\$882.69	\$7348.41	DISAB	\$7.54	\$60.32
NET PAY			\$472.51	\$3595.20	401K	\$8.83	\$182.76
					CSP	\$92.30	\$738.40
	20				FEE ·	\$2.00	\$16.00
					GARN	\$178.74	\$1447.25
					WABLE	\$0.00	\$24.50
					FSA-MEDICAL	\$38.46	\$307.68
					ESPP	\$5.00	\$40.00
					VISION	\$1.04	\$8.32
					D/DN	\$472.51	\$3595.20

Page 1 of 1



Pay Date - 2/14/2019 Period End Date - 02/09/2019 WILLIAM SAFFELL; Employee ID 42899



P. O. Box 1058 Greeneville, TN 37744 (423) 636-7100 Corp. Office

Income	Hours	YTD Hours	Amt	YTD Amt	Deduction	Amt	YTD Amt
SAL	40.00	256.00	\$882.69	\$5649.22	SS	\$64.45	\$464.26
VAC	0.00	8.00	\$0.00	\$176.54	FEDERAL W/H	\$0.00	\$35.79
HOL	0.00	16.00	\$0.00	\$353.08	STATE	\$11.00	\$78.00
BONS	0.00	0.00	\$0.00	\$172.13	DENTAL	\$0.83	\$5.81
TOTALS	40.00	280.00	\$882.69	\$6350.97	DISAB	\$7.54	\$52.78
NET PAY			\$472.50	\$3122.69	401K	\$8.83	\$172.78
					CSP	\$92.30	\$646.10
¥		5			FEE	\$2.00	\$14.00
					GARN	\$178.74	\$1268.51
					WABLE	\$0.00	\$24.50
					FSA-MEDICAL	\$38.46	\$269.22
					ESPP	\$5.00	\$35.00
					VISION	\$1.04	\$7.28
					D/DN	\$472.50	\$3122.69

Check Inquiry Details Page 1 of 1



Pay Date - 2/07/2019 Period End Date - 02/02/2019 WILLIAM SAFFELL; Employee ID 42899



P. O. Box 1058 Greeneville, TN 37744 (423) 636-7100 Corp. Office

Income	Hours	YTD Hours	Amt	YTD Amt	Deduction	Amt	YTD Amt
SAL	40.00	216.00	\$882.69	\$4766.53	SS	\$64.44	\$399.81
VAC	0.00	8.00	\$0.00	\$176.54	FEDERAL W/H	\$0.00	\$35.79
HOL	0.00	16.00	\$0.00	\$353.08	STATE	\$11.00	\$67.00
BONS	0.00	0.00	\$0.00	\$172.13	DENTAL	\$0.83	\$4.98
TOTALS	40.00	240.00	\$882.69	\$5468.28	DISAB	\$7.54	\$45.24
NET PAY			\$472.51	\$2650.19	401K	\$8.83	\$163.95
					CSP	\$92.30	\$553.80
	¥		25		FEE	\$2.00	\$12.00
					GARN	\$178.74	\$1089.77
					WABLE	\$0.00	\$24.50
					FSA-MEDICAL	\$38.46	\$230.76
					ESPP	\$5.00	\$30.00
					VISION	\$1.04	\$6.24
					D/DN	\$472.51	\$2650.19

Page 1 of 1



Pay Date - 1/31/2019 Period End Date - 01/26/2019 WILLIAM SAFFELL; Employee ID 42899



P. O. Box 1058 Greeneville, TN 37744 (423) 636-7100 Corp. Office

Income	Hours	YTD Hours	Amt	YTD Amt	Deduction	Amt	YTD Amt
SAL	40.00	176.00	\$882.69	\$3883.84	SS	\$64.44	\$335.37
VAC	0.00	8.00	\$0.00	\$176.54	FEDERAL W/H	\$0.00	\$35.79
HOL	0.00	16.00	\$0.00	\$353.08	STATE	\$9.00	\$56.00
BONS	0.00	0.00	\$0.00	\$172.13	DENTAL	\$0.83	\$4.15
TOTALS	40.00	200.00	\$882.69	\$4585.59	DISAB	\$7.54	\$37.70
NET PAY			\$434.29	\$2177.68	401K	\$48.55	\$203.67
					CSP	\$92.30	\$461.50
			¥		FEE ·	\$2.00	\$10.00
					GARN	\$179.24	\$911.03
					WABLE	\$0.00	\$24.50
					FSA-MEDICAL	\$38.46	\$192.30
					ESPP	\$5.00	\$25.00
					VISION	\$1.04	\$5.20
					D/DN	\$434.29	\$2177.68

Check Inquiry Details Page 1 of 1



Pay Date - 1/24/2019 Period End Date - 01/19/2019 WILLIAM SAFFELL; Employee ID 42899



P. O. Box 1058 Greeneville, TN 37744 (423) 636-7100 Corp. Office

Income	Hours	YTD Hours	Amt	YTD Amt	Deduction	Amt	YTD Amt
SAL	40.00	136.00	\$882.69	\$3001.15	SS	\$64.44	\$270.93
VAC	0.00	8.00	\$0.00	\$176.54	FEDERAL W/H	\$0.00	\$35.79
HOL	0.00	16.00	\$0.00	\$353.08	STATE	\$9.00	\$47.00
BONS	0.00	0.00	\$0.00	\$172.13	DENTAL	\$0.83	\$3.32
TOTALS	40.00	160.00	\$882.69	\$3702.90	DISAB	\$7.54	\$30.16
NET PAY			\$434.29	\$1743.39	401K	\$48.55	\$155.12
					CSP	\$92.30	\$369.20
			ĸ		FEE.	\$2.00	\$8.00
					GARN	\$179.24	\$731.79
					WABLE	\$0.00	\$24.50
					FSA-MEDICAL	\$38.46	\$153.84
					ESPP	\$5.00	\$20.00
					VISION	\$1.04	\$4.16
					D/DN	\$434.29	\$1743.39

Page 1 of 1



Pay Date - 1/17/2019 Period End Date - 01/12/2019 WILLIAM SAFFELL; Employee ID 42899



P. O. Box 1058 Greeneville, TN 37744 (423) 636-7100 Corp. Office

Income	Hours	YTD Hours	Amt	YTD Amt	Deduction	Amt	YTD Amt
SAL	40.00	96.00	\$882.69	\$2118.46	SS	\$64.44	\$206.49
VAC	0.00	8.00	\$0.00	\$176.54	FEDERAL W/H	\$0.00	\$35.79
HOL	0.00	16.00	\$0.00	\$353.08	STATE	\$9.00	\$38.00
BONS	0.00	0.00	\$0.00	\$172.13	DENTAL	\$0.83	\$2.49
TOTALS	40.00	120.00	\$882.69	\$2820.21	DISAB	\$7.54	\$22.62
NET PAY			\$422.04	\$1309.10	401K	\$48.55	\$106.57
					CSP	\$92.30	\$276.90
					FEE ·	\$2.00	\$6.00
					GARN	\$179.24	\$552.55
					WABLE	\$12.25	\$24.50
					FSA-MEDICAL	\$38.46	\$115.38
					ESPP	\$5.00	\$15.00
					VISION	\$1.04	\$3.12
					D/DN	\$422.04	\$1309.10